

DIVISION CIRCULAR #35

DEPARTMENT OF HUMAN SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES

EFFECTIVE DATE: February 1, 2001

DATE ISSUED: January 24, 2001

(Rescinds Division Circular #35, "Individual Habilitation Plan", issued May 18, 1995).

- I. **TITLE:** Individual Habilitation Plan (IHP)
- II. **PURPOSE:** To establish policies which assure that all persons receiving services of the Division are provided with an Individual Habilitation Plan (IHP) appropriate to his/her strengths, needs and preferences.
- III. **SCOPE:** This circular applies to all Division components as well as providers under contract with or regulated by the Division.
- IV. **POLICIES:**
 - ... Each person receiving services shall have an IHP delineating programs and/or services needed by the person to maximize his/her developmental potential (N.J.S.A. 30:6D-10 et seq.).
 - ... For an eligible person who is not currently admitted to a Division service, no Individual Habilitation Plan shall be required. These individuals shall be contacted no less than annually by the Division to determine any change in circumstances.
 - ... Every service provided shall be in accordance with generally accepted professional standards and shall be provided in a setting and manner which is least restrictive of personal liberty.

- ... The services requested or preferred by the individual shall be identified at the IHP and shall be provided within available resources.
- ... While the Division needs to recognize the desires and preferences of the individual, the Division may not always be able to provide a plan that addresses all the desires and preferences identified.
- ... The Individual Habilitation Plan shall be reviewed no less than annually.
- ... Service delivery shall be geared to what the individual or his/her guardian requires or requests. Services may range from provision of a single service to development of a comprehensive plan for an individual.
- ... A plan coordinator shall be assigned to each person for whom an IHP is developed. For persons receiving services in the community, a private agency may appoint their own plan coordinator.
- ... When a person has been found eligible but the service is currently funded by another funding source, an IHP must still be completed by the Division.
- ... For facilities licensed as Community Residences, the requirements of N.J.A.C. 10:44A or 10:44B shall apply.
- ... For children who are residentially placed by their Local Education Agency, an Individual Habilitation Plan shall be developed by the Division annually, beginning three (3) years before the end of their educational entitlement.

V. GENERAL STANDARDS:

- A. Definitions - For the purpose of this circular, the following terms shall have the meanings defined herein:
 - 1. "Assessment" means the process of identifying a person's developmental strengths and needs, as well as the type and level of service he or she desires and the conditions that impede and promote development. This can include observation, screening and evaluation.
 - 2. "Barrier" means a reason why a service or goal cannot be achieved.

3. “Behavioral Objective” means one of a series of short-range steps developmentally sequenced and directed toward the achievement of an established goal. Each behavioral objective specifies a single, learned response to be exhibited by the individual and the criterion against which progress is to be measured. The objective is developed and based upon knowledge of assessed developmental strengths and needs.
4. “Consensus” means a sense of accord or general agreement. It does not mean unanimity. It is the outcome of a group decision making process requiring negotiation and creative problem solving.
5. “Evaluation” means an assessment process performed by qualified professionals according to procedures that incorporate the use, when possible, of standardized tests and measures.
6. “Goal” means a long-range outcome. Goals are generally expected to be achieved by an individual within one to five years; they are stated in measurable terms so that their attainment can be determined. Goals must be person-centered and written to reflect the intent and direction of the IHP as well as the desires of the individual. Goals are broad in nature, realistic, based upon assessed needs and capabilities, and attained through the use of behavioral and/or service objectives.
7. “Habilitation” means the process of providing those comprehensive services that are deemed necessary to meet the needs of persons with developmental disabilities in programs designed to achieve objectives of improved life quality and satisfaction, health, welfare and the realization of an individual's maximum physical, social, psychological and vocational potential for useful and productive activities. Habilitation services may include, but are not limited to the following:
 - a. Ensuring people have the opportunity to engage in and experience activities that they have identified as important in their lives to increase their life quality and happiness.
 - b. Developing cognitive skills including, but not limited to, recognizing personal danger, telling time, managing money, making change, recognizing street and other signs, solving problems, etc;

- c. Developing recreation and leisure time skills;
 - d. Orientating to the community and training for mobility and travel;
 - e. Developing or remediating communication skills;
 - f. Developing appropriate activities of daily living such as grooming, dress, and self-care habits;
 - g. Enhancing the physical, mental and dental health of persons served. The services should deal with prevention, maintenance and corrective needs;
 - h. Training in assertiveness, and advocacy in dealing with citizenship, legal, family and/or social needs;
 - i. Developing socially appropriate behaviors including sexual behaviors and interpersonal skills, and eliminating maladaptive behaviors.
 - j. Developing and participation in preferred religious and cultural awareness.
 - k. Vocational training.
8. "Individual Habilitation Plan" (IHP) means a written plan of services that is developed with the individual. It specifies both the prioritized goals and objectives being pursued by the individual and the steps being taken to achieve them. It also reflects the desires of the individual and means by which those desires may be achieved. It may identify a continuum of skill development that outlines progressive steps and the anticipated outcomes of services. The IHP is a single plan that encompasses all relevant components, such as an education plan, a behavior modification plan, a program plan, a rehabilitation plan, a treatment plan and a health care plan. The complexity of the IHP will vary according to the needs, capabilities and desires of the person. In most instances, the IHP shall address all major needs identified. The major needs shall be prioritized. For an individual who makes only specific service requests, the IHP shall be a service plan, which addresses only those specific requests.

9. "Interdisciplinary Team" (IDT) means a group that consists of the person receiving services, the plan coordinator, the legal guardian, the DDD casemanager, the parents or family member (if the adult desires that the parent or family member be present), advocates and friends, those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual's needs and the design and evaluation of programs to meet them. The individual may identify those additional persons who he or she wishes to be present.
10. "Least Restrictive" means a principle whereby the interventions in the lives of people with developmental disabilities are carried out with a minimum of limitation, intrusion, disruption or departure from commonly accepted patterns of living.
11. "Limited Guardian" means someone who is appointed by a court of competent jurisdiction to make only those decisions for which an incapacitated person has been adjudicated to lack capacity.
12. "Measurable" means there are established criteria, which are observable and can be quantified via a data collection system.
13. "Normalization" means a principle of making available to the person receiving services the commonly accepted patterns and conditions of everyday life.
14. "Plan Coordinator" means the person who coordinates the development of each person's IHP. When appropriate, the person receiving services may act as the plan coordinator.
15. "Resource Case Management" means provision of information for individuals receiving services and their families regarding Division resources and/or resources from other service providers. Individuals receiving services and their families are contacted on an annual basis to update the IHP.
16. "Screening" means an assessment process of limited scope and intensity designed to determine whether or not further evaluation or other intervention is indicated.
17. "Service Objective" means a significant, desired outcome that cannot be achieved as a result of learning or training. It includes quantifiable but non-behavioral outcomes such as seizure reduction or maintenance of blood pressure within a

stated range, and quality-of-life outcomes such as developing and maintaining social networks. It also includes outcomes dependent on the behavior of staff, such as provision of adaptive or mobility equipment, obtaining specialized assessments, or referral for alternative service.

18. "Service Plan" means an IHP for an individual in a community-based program, which addresses only the services that the individual has requested from the Division.
- B. Except in emergency situations, an IHP shall be developed 30 days prior to admission to a residential service or transfer between services.
1. The IHP shall be reviewed or revised, if necessary, within 30 days after admission or no less than 30 days of transfer to another service.
 2. The IHP shall be reviewed and revised no less than annually. At the annual review, the IDT shall consider the need for continued enrollment in current services or the need for less restrictive services.
 3. The individual and/or his/her legal guardian may request a review of the IHP at any time.
 4. The individual and/or his/her legal guardian shall be provided a copy of the IHP.
- C. A service plan may be developed when requested by the individual or his/her legal guardian. Instances where a service plan may be appropriate include, but are not limited to, family support, supported employment, personal care, resource casemanagement and home adaptations. A comprehensive IHP shall be developed if requested by the individual and/or his/her legal guardian.
- D. A person receiving services shall be encouraged to exercise the highest level of personal autonomy that is consistent with his/her capacity to understand the risks and consequences of his/her choices.
- E. Every IHP shall address the individual's need for guardianship services, including the appropriateness of a limited guardian and suitability of the current guardian.
- F. The IDT shall elicit the individual's preference and desires shall respect those within available resources. If the individual is unable to express his or her preference and desires, the IDT through observation and alternate means of communication shall seek to

understand the preferences and desires of the individual. The IDT shall also be guided by the understanding of the legal guardian concerning the individual's preferences and desires.

- G. The IHP meeting shall be conducted with an emphasis on plain language with minimal use of jargon. The individual shall be encouraged to be an active participant in the process. There shall be sensitivity to the individual's presence, preference and desires.
- H. The professional and growth enhancing activities and attitudes of the IDT are key to the development of individuals served. Staff roles are to be supportive; they are to facilitate informed decision making by the persons authorized to make decisions. They are to complement, not supplant the roles of the individual and/or legal guardian and where appropriate, the family.
- I. If the exercise of the individual's rights are restricted, the IHP shall document each restriction. The IHP shall also indicate when restrictions may be lessened or eliminated. A review date shall be established by the IDT not to exceed one year. The individual or legal guardian shall be advised of their right to appeal.
- J. An IHP shall be based upon an understanding of the needs, strengths, preferences and desires of the individual as well as a determination of the means to meet those preferences and desires. Service needs shall be projected without regard to the immediate availability of those services.
- K. The IHP shall address the person's needs, strengths, preferences and desires in at least the following areas:
 - 1. His or her plan for the future;
 - 2. Physical and emotional well being and nutrition;
 - 3. Adaptive and independent living abilities;
 - 4. Vocational skills;
 - 5. Cognitive and educational abilities;
 - 6. Recreation and leisure time;
 - 7. Community participation;
 - 8. Communication;
 - 9. Religion and culture;
 - 10. Social and personal relationships.
- L. The comprehensive IHP shall include at least the following elements:
 - 1. Cover page;
 - 2. Evaluation summaries;

3. Summary of progress toward previous IHP goals and objectives;
 4. Goals;
 5. Behaviorally stated, measurable, sequential objectives;
 6. Clearly stated method of achieving each objective;
 7. Identification of IDT members and persons responsible for ensuring the delivery of services/programs described in the plan;
 8. A listing of all current and planned services/programs and their dates of initiation, anticipated duration and frequency including the waiting list status, if appropriate;
 9. Barriers to meeting the individual's needs and desires;
 10. A review of guardianship status;
 11. Meeting summary and, as needed, an addendum;
 12. Identification of expenses under the fee assessment process based upon income available to the individual and a prospective budget for such income if residentially placed by Division of Developmental Disabilities.
 13. Sign-off section. This section indicates attendance only. Disagreement with any part of the plan may be indicated in the meeting summary.
- M. If residentially placed by the Division, a requirement with regard to fee assessment is the creation of an annual budget for the adult if he or she has income from benefits or wages. For children, the requirements of Division Circular 3 shall be followed.
1. Once the budget has been approved, amounts may be moved between expense categories without further review by the IDT.
 2. If the person has unearned income, he or she may claim expenses equal to 50 percent of the monthly unearned income after certain deductions have been made.
- N. A service plan may be provided based upon the services requested by the individual. The plan shall include at least the following elements:

1. Services requested by the individual;
 2. Evaluation summaries;
 3. Identification of IDT members and persons responsible for ensuring the delivery of services described in the service plan;
 4. Service objectives and barriers to meeting the individual's needs and desires;
 5. A review of guardianship status;
 6. Meeting summary and, as needed, an addendum;
 7. Sign-off section.
- O. The IHP is part of the client record, as defined in Division Circular #30, and is subject to the confidentiality provisions of that circular.
- P. The composition, conduct and scheduling of the IDT shall facilitate the fullest possible participation of the individual, his/her legal guardian, family member or other representatives who advocate for him/her. The plan coordinator shall attempt to honor requests to reschedule the IHP but in no case shall the IHP be delayed beyond 30 days from the originally scheduled date.
- Q. Whenever possible, decision making shall be by consensus. After receiving input from the individual and other members of the IDT, the plan coordinator shall be responsible to complete the IHP. Any disagreement between members of the IDT regarding the services contained in the IHP shall be noted in the IHP. Disagreements may be appealed in accordance with Division Circular 37 (N.J.A.C. 10:48-1 et seq.), and shall not delay the completion of the IHP.
- R. For persons placed in the community based programs, the Division's casemanager shall be responsible to review and approve the IHP.
- S. Any proposed changes in the IHP shall be recommended to the casemanager immediately. Except in emergencies, all proposed changes shall be discussed with the individual and/or legal guardian before any final decision is reached.
1. If the case manager concludes that proposed changes to the IHP result in significant differences from the IDT's intent, he/she shall advise the plan coordinator to reconvene the IDT.

2. All changes in the IHP shall be documented and communicated to the team members by the Plan Coordinator.
 3. All changes shall be reviewed and approved by the case manager.
 4. If, after receipt of the written IHP, there is a disagreement by any party, the IDT shall meet to discuss the modification. The IHP shall be implemented pending any discussion of the modification.
- T. In accordance with the development of the IHP, the case manager or other designated Division Supervisor shall make the determination consistent with the requirements of the Community Care Waiver, as to whether the individual receiving service requires ICF/MR level services.
- U. Should a change in the representative payee be required, the request for change shall be made to the Social Security Administration. _
1. If the team has concerns about how the benefits are handled by a representative payee, a referral may be made to the Social Security Administration for their review.
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2. The assigned Business Manager in a Developmental Center or Supervisor of Patient's Accounts shall be available to assist the team in referring the matter to the Social Security Administration for review.
- V. Each agency serving the individual shall receive a copy of the IHP.
- W. The IHP may be appealed in accordance with Division Circular #37 (N.J.A.C. 10:48-1 et seq.).

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